

<b>THE ARMY SCHOOL SYSTEM (TASS)</b> <b>UNIT PRE-EXECUTION CHECKLIST</b> <small>(FOR USE OF THIS FORM SEE TRADOC REG. 350-18; PROPONENT IS DCSOPS&amp;T, TASSD)</small>		
1. NAME:		2. SSN
<b>Type or Print</b>		
3. UNIT:		4. DOR :
5. COURSE TITLE		6. REPORT DATE:
1 <sup>st</sup> line leader initials	Soldier's initials	<b>PART-I Unit Pre-execution (D-90 to D-1)</b>
		Coordination between customer unit and TASS unit to identify the Soldier by name?
		Soldier in receipt of school/course information?
		Read ahead packets/prerequisite testing complete? (if applicable)
		All required clothing/equipment IAW school/course info packet
		Soldier demonstrated physical fitness requirement on diagnostic test administered within 30 days of scheduled departure for school. (as required)
		Soldier meets standards of AR 600-9?
		Transportation requirements completed?
		Adequate cash/traveler checks/Government Credit Card?
		Individual orders received?
		Individual has current periodic physical (within 5 years)
		Individual meets remaining TIS requirements
		School Mailing address/Telephone numbers received? (for family)
		Ten (10) copies of orders
		Transportation verified/approved (ticket picked up)
		Current/valid identification card
		ID tags (1 pair)
		If applicable: Soldier requiring corrective lenses has a set of military prescription eyeglasses and protective mask inserts.
		_____ Notify soldier of requirement to take APFT and be weighed, as required.
<b>Unit POC List:</b> CDR    B: (       )                      H: (       ) _____ 1SG:   B: (       )                      H: (       ) _____ FTM:   B: (       )                      H: (       ) _____ Unit POC FAX: (       ) _____ Unit POC Email _____		

PART II- ROUTINE PREREQUISITES												
TASK	REGULATION DATA					SOLDIER DATA						
MINIMUM APTITUDE SCORE (ASVAB)  (IF APPLICABLE)	CO	CL	FA	G M	MM	CO	CL	FA	GM	MM		
	OF	EL	SC	ST	GT	OF	EL	SC	ST	GT		
Color vision requirements (if applicable)												
Physical demand rating/profile (PULHES)  *See Part III for P/T profiles	P	U	L	H	E	S	P	U	L	H	E	S
Prerequisite phase/course attendance (if applicable)	_____ School code _____ Date of completion _____ Course completed _____ Phase completed											
Military and civilian vehicle operator license(s) (if applicable,)												
PART III REQUIRED DOCUMENTS												
Security clearance (If applicable, attach as required)												
*Permanent profile attendees (if applicable): AC & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT). TPU/Traditional Guardsman must have copy of completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT)												
All required waivers (if applicable)												
Other requirements (if applicable)												
OTHER REQUIREMENTS OF DA PAM 611-21 NOT PREVIOUSLY LISTED												
Other requirements (if applicable)												
Other requirements (if applicable)												
Other requirements (if applicable)												
Other requirements (if applicable)												
I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.												
Student's Signature						Date						
I have reviewed the above soldier's qualifications and potential to successfully complete this course; have counseled him/her on these requirements and hereby verify his/her readiness to attend same.												
Commanding Officer(typed name)						Date						
Signature												